

CHILD CARE CENTER PLAN REVIEW APPLICATION

Brunswick County Health Services, Environmental Health Section 25 Courthouse Drive P. O. Box 9 Bolivia, NC 28422 (910)253-2150

Email: flplans@brunswickcountync.gov

New	Remodel	Ownership Change
Name of Establishment:		
Previous Name (if applicable	e):	
Establishment Address:		
Establishment Phone:	Fax:	
Applicant Name/Title:		
Address:		
Email:		
Phone:		
Number of children for which	h facility will be licensed:	
Submit the following items to	o the address above to begin the plan	review process:
food service areas, diap	frawn to scale $(1/4)$ " = 1' minimum) shower changing areas, trash can wash faciliand lighting information;	
Identify each classroom	on the plan with the age group(s) using	g the room;
Site plan showing the lo equipment;	ocation of exterior equipment such as du	umpsters and playground
Completed Child Care	Center Plan Review Application;	
Proposed menu for all r	meals/snacks.	

BUILDING INFORMAT	<u>ION</u>			
New Building □		Existing Building \square		
Proposed Construction D			Constructed:	
Proposed Opening Date:		Proposed Opening Date:		
-	nis structure been tested for the If yes, provide nan	-	- •	
City Water □ *Private water supply wells must	Private Well* ☐ comply with the construction requiren	nents of 15A NCAC 18A .	1700 and 15A NCAC .0100 2C.	
City Sewer □ *On-site wastewater systems must Regulatory Agency.	Septic System* □ t be specifically approved for the prop	osed use and permitted by	the Department or other	
Zoning Jurisdiction:				
_	Γown Jurisdiction ☐ Name of	of Jurisdiction:		
Is this a center located in a	residence?			
HOT WATER SUPPLY				
at all areas accessible to ch water heater(s): Water Heater 1 (tank size a	ne kitchen and laundry must be ildren must be maintained betwork KW or BTUs):	ween 80°F – 110°F.	Provide specifications for	
If one heater will be used d	escribe how required hot wate	r temperatures will b	e maintained in each area.	
water over 110°F: FINISH SCHEDULE	rials will be used in the follow		children if supplied with	
	FLOORS	WALLS	CEILING	
KITCHEN				
RESTROOMS				
STORAGE ROOMS				
LAUNDRY ROOMS				
CLASSROOMS				
FOOD SERVICE		XXTQ	No	
Will meals he prepared on	cita?	YES	NO	
Will meals be prepared on-site? Will any foods be fried?		()	()	
Will any foods be cooled for	or use at a later date?	()	()	
	ashed on-site prior to service?	()	()	
Where will children eat me	als? (classroom, dining area, e	tc.)		

List make/model numbers for refrigeration units:		
Will any food or snacks be prepared/portioned in a classroom? If yes, indicate which classroom(s) and describe preparation area(s):		
Describe how the kitchen will be made inaccessible to children:		
Infant Food Service (If Applicable): Will bottles, cereal, formula, food be prepared in the classroom? If yes, is a separate handsink and countertop space provided? If no, where will infant food be prepared?		
Where will bottles be stored prior to service?		
What method will be used to warm bottles?		
DISHWASHING FACILITIES What types of eating and drinking utensils will be used? Single-use (throw away) □ Multi-use (wash & re-use) □		
Provide dimensions of dish sink basins and drainboards/countertop space or attach specification sheet(s):		
What type of sanitizer will be used for food service equipment?		
What type of sanitizer will be used for toys?		
What type of disinfectant will be used for diapering areas, toilets and lavatories?		
HANDWASHING Does each toilet area have a lavatory?		
What type of faucets will be used at lavatories (manual, automatic, etc.)?		
How will lavatories be made accessible to children?		
DIAPERING Do all rooms with children in diapers have diapering stations? If no, please explain:		
Where will soapy water and disinfectant be stored?		
Where will diaper creams, gloves, powders, etc. be stored?		
Will potty chairs be used? If yes, where will they be cleaned?		
Will cloth diapers be allowed? If yes, describe proposed procedure for use:		

STORAGE Describe storage for children's personal items (cubbies, etc)?:
(NOTE: Coat hooks must be spaced at least 12 inches apart.)
Describe storage for prescription medications:
Describe storage for emergency medications:
Describe storage for non-aerosol sanitizing, disinfecting, and detergent solutions, hand sanitizers, and hand lotions:
Describe storage for employee personal belonging (purses, keys, employee items):
Describe storage for corrosive agents, pesticides, bleaches, detergents, cleansers, polishes, any product which is under pressure in an aerosol dispenser, and any substance which may be hazardous to a child if ingested, inhaled, or handled:
(NOTE: Locked storage rooms and cabinets shall include those which are unlocked with a combination, electronic or magnetic device, key or equivalent locking device.)
OUTDOOR FACILITIES Does your facility have a swimming or wading pool? (NOTE: Swimming and wading pools must be designed, constructed, operated, and maintained in accordance with the Rules Governing Swimming Pools, 15A NCAC 18A .2500. Unfiltered and non-disinfected containments of water may not be used for water recreation activities.) Are any outdoor structures made of chromated copper arsenate pressure-treated wood? If yes, list equipment and when/how structures were last sealed?
(Note: The premises, including the outdoor learning environment, shall be kept clean, drained to minimize standing water, free of litter and hazardous materials, and maintained in a manner which does not encourage the harborage of vermin. All debris, glass, dilapidated structures and broken play equipment shall be removed. Wells, grease traps, cisterns and utility equipment shall be made inaccessible to children.)
GENERAL Describe the proposed waiting area for those children who become ill to the extent that they can no longer participate in routine group activities.
Will any animals live at or visit the child care center? If yes, describe the type of animal, location and any policies/procedures for veterinary exams and/or records that will be required
I certify that the information in this application is correct and I understand that any deviation without prior approval from Brunswick County Environmental Health may nullify plan approval.
Name (print/sign):
Title: Date: